

STATE OF CONNECTICUT
DAS – OFFICE OF THE STATE BUILDING INSPECTOR
165 CAPITOL AVENUE, ROOM 265
HARTFORD, CT 06106
TELEPHONE: (860) 713-5900
FAX: (860) 713-7410

FILE #: _____

FOR OFFICE USE ONLY

DATE: _____

REQUEST FOR ACCESSIBILITY EXEMPTION OF THE STATE BUILDING CODE

(Per C.G.S. Section 29-269 (b))

PLEASE TYPE OR PRINT CLEARLY. COMPLETE APPLICATION IN ITS ENTIRETY. ANY MISSING INFORMATION MAY RESULT IN DELAYS. RETURN COMPLETED APPLICATION TO THE ABOVE ADDRESS.

ALLOW 4 - 6 WEEKS FOR PROCESSING.

1. Name of Building: _____
Street Address: _____
Town: _____ State: CT Zip Code: _____
2. Building Owner: _____
3. Applicant's Name: _____ Telephone: _____
Note: If applicant is different than the owner, include owner's appointment in writing authorizing you as the agent
Name of Person to Contact: _____ Telephone: _____
Applicant's Street Address: _____
Town: _____ State: _____ Zip Code: _____
4. Date of Approval of Current Building Permit: _____
5. Use Group (according to Section 302 of State Building Code): _____
 - A. Was there a change of use: ☐ Yes ☐ No
 - B. If yes from: _____ to _____
6. Type of Construction: _____
7. Square Foot Area of Building (Total): _____
Square Foot Area of Addition or Alteration: _____
8. Number of Stories: _____

9. Check Applicable Designation:

☐ New Building ☐ Existing ☐ Addition ☐ Alteration☐ Other (Explain) _____

10. Cost of Building Alterations or Additions: _____

11. Replacement Cost of Existing Building (excluding value of land): _____

12. Building Code Section(s) that accessibility exemption is requested from: _____

13. Clearly state the accessibility exemption sought so reviewers will be able to act without unnecessary delay: _____

14. Copy sent to local building official? ☐ Yes ☐ No

15. Include two (2) sets of plans (sketch) with dimensions and/or two (2) sets of pictures with this application to illustrate your request.

AFFIDAVIT

I certify that, to the best of my knowledge and belief, the foregoing statements are true and made in good faith.

Applicant's Signature_____
Date